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PATENT
Attorney Docket No.: 15270J-4727US
Client Ref. No.: 209-US-CIP4C2

*For Purposes
Only*

March 22, 2005.

TOWNSEND and TOWNSEND and CREW LLP

By: *Arthur Pan*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SCHENK, Dale B.

Application No.: 10/816,022

Filed: March 31, 2004

Patent No.: 6,866,850

Issue Date: March 15, 2005

For: PREVENTION AND TREATMENT OF
AMYLOIDOGENIC DISEASE

Examiner: Laurie Scheiner

Art Unit: 1648

TERMINAL DISCLAIMER

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The undersigned is an authorized representative of Neuralab Limited (hereinafter
"ASSIGNEE") and attorney of record in the above-identified patent application. ASSIGNEE is
the assignee of total interest of:

1. Application No. 10/816,022 Issued as U.S. Patent No. 6,866,850 (the "850 PATENT")
2. Application No. 09/723,762 Issued as U.S. Patent No. 6,787,144 (the "144 PATENT")

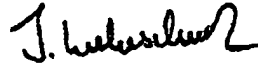
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Application No.: 10/816,022
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PATENT

DECLARATION

The undersigned declares further that all statements made herein of her own knowledge are true and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this application or any patent issuing thereon.

Respectfully submitted,



Joe Liebeschuetz
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PTO/GB/17 (12-04)

Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4610). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number <u>10/816,022</u> Filing Date <u>March 31, 2004</u> First Named Inventor <u>Schenk, Dale B.</u> Examiner Name <u>Laurie A. Scheiner</u> Art Unit <u>1648</u> Attorney Docket No. <u>15270J-004727US</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 130			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>20-1430</u> Deposit Account Name: <u>Townsend and Townsend and Crew LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2040.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description Small Entity Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Fee (\$) Fee (\$) Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180							
Total Claims <u>20</u> or HP = <u>20</u> \times <u>360</u> = <u>7200</u>		Extra Claims <u>0</u> \times <u>360</u> = <u>0</u>		Multiple Dependent Claims <u>0</u> \times <u>180</u> = <u>0</u>		Fees Paid (\$) <u>7200</u>	
HP = highest number of total claims paid for, if greater than 20		Indep. Claims <u>0</u> or HP = <u>0</u> \times <u>360</u> = <u>0</u>		HP = highest number of independent claims paid for, if greater than 3			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e). Total Sheets <u>100</u> Extra Sheets <u>0</u> Number of each additional 50 or fraction thereof <u>0</u> Fee (\$) <u>0</u> - 100 = <u>0</u> / 50 = <u>0</u> (round up to a whole number) \times <u>250</u> = <u>0</u> Fees Paid (\$) <u>0</u>							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$) <u>130</u>	
Other: <u>1.20(d) Statutory (Terminal) Disclaimer Fee</u>						<u>130</u>	

SUBMITTED BY			
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		Date	<u>3/22/05</u>

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